

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

CASE No. 20-CV-9586 (LAK)

ANTHONY RAPP, and C.D.

Plaintiffs,

-vs-

KEVIN SPACEY FOWLER, a/k/a Kevin Spacey,

Defendant.

REMOTE REALTIME/VIDEO DEPOSITION

of LISA MARIE ROCCHIO, PH.D

April 16, 2021

Robin Marie Dispenzieri, RCR, OCR  
472120



(310) 207-8000 Los Angeles	(415) 433-5777 San Francisco	(949) 955-0400 Irvine	(858) 455-5444 San Diego
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1 career. But no, it has never reached 50 percent of my  
2 time.

3 Q. What's your understanding as to why you have been  
4 doing more forensic work in the last five years than in  
5 earlier years?

6 A. Personal reasons based on my life in terms of my  
7 schedule permitting more of that professional interest  
8 and receiving more referrals through word of mouth. Also  
9 having done more presentations and trainings, I think I  
10 have become better known in my areas of expertise.

11 Q. And what are your areas of expertise?

12 A. I am a clinical and forensic psychologist with  
13 expertise in traumatic stress and interpersonal violence.

14 Q. Do you believe that the #MeToo movement -- first of  
15 all, are you familiar with the #MeToo movement?

16 A. I am.

17 Q. Do you believe that the #MeToo movement has  
18 contributed to your increased work as an expert?

19 A. No, not in any concrete way.

20 Q. Do you believe you contributed in any way to the  
21 #MeToo movement?

22 A. Not to my knowledge. I mean, I've contributed in  
23 terms of in my professional work as a therapist,  
24 certainly, helping people to cope with the aftereffects  
25 of sexual abuse but not specifically to the #MeToo

1 MR. SAGHIR: Objection to the form as compound.  
2 Rephrase it, Chase.

3 MR. SCOLNICK: Sure.

4 BY MR. SCOLNICK:

5 Q. There have been a number of public allegations that  
6 have been made, as part of the #MeToo movement, against  
7 men in power, correct?

8 A. Yes.

9 MR. SAGHIR: Objection.

10 BY MR. SCOLNICK:

11 Q. Are you aware or do you believe that any of those  
12 public allegations made against a man, a prominent man in  
13 power, are false?

14 A. I have no opinions --

15 MR. SAGHIR: Again, note my objection to this  
16 line of questioning.

17 MR. SCOLNICK: I'm sorry, I talked over Doctor  
18 Rocchio. What was your answer?

19 THE WITNESS: I have no opinion about the truth  
20 or lack of truth about any specific allegation about  
21 which I have no direct knowledge or information.

22 BY MR. SCOLNICK:

23 Q. I'm going to share screen 3 which will show you  
24 Exhibit 9. If you go to the top of Exhibit 9. This is a  
25 copy of your CV, correct?

1 traumatic event.

2 Q. And there are many adults who have suffered more  
3 than one traumatic event in their life, right?

4 A. Yes.

5 Q. Although the incidents of traumatic event is high,  
6 the prevalence of PTSD following a traumatic event is  
7 relatively low, right?

8 A. Yes, depending on the type of traumatic event.

9 So, for example, when someone has been the  
10 victim of interpersonal violence, we see higher rates of  
11 PTSD than in other types of traumatic events. But,  
12 overall, as I have said, PTSD is but one potential  
13 possible consequence of exposure to a traumatic event  
14 and, certainly, not everyone or even the majority of  
15 people do not develop PTSD.

16 Q. What is the incidence of PTSD in individuals who  
17 have suffered interpersonal violence?

18 A. I would have to look that up. I wouldn't want to  
19 hazard a guess.

20 Q. Is it fair to say that in any forensic evaluation  
21 where there may be external motivation to either  
22 exaggerate or minimize symptoms, it's essential that the  
23 possibility of malingering be considered and evaluated?

24 A. Yes.

25 Q. It's important to accurately identify genuine cases

1 of malingering is the intentional production of false or  
2 grossly exaggerated physical or psychological symptoms,  
3 motivated by external incentives," correct, and then it  
4 gives examples?

5 A. Yes.

6 Q. The DSM-5 states that malingering should be strongly  
7 suspected if any combination of the following is noted.  
8 It gives us four different examples, right?

9 A. Yes.

10 Q. The first is if the evaluation appears in the  
11 medical legal context, right?

12 A. Yes.

13 Q. Now, in this case, your evaluation of Mr. Rapp was  
14 in a medical legal context, right?

15 A. Yes.

16 Q. Okay. The second is, "a marked discrepancy between  
17 the individual's claim of stress or disability and the  
18 objective findings and observations." Did I read that  
19 correctly?

20 A. Yes.

21 Q. Did you consult with this section, by the way,  
22 during your evaluation of Mr. Rapp?

23 A. Not specifically with this section but I certainly  
24 paid careful attention and utilized measures in order to  
25 assess specifically for malingering throughout my

1 evaluation.

2 Q. Okay, did you come to a determination whether there  
3 is a discrepancy between Mr. Rapp's claimed stress and  
4 the objective findings and observations?

5 A. I did.

6 Q. And what was your conclusion?

7 A. That Mr. Rapp's reports to me of his claimed stress  
8 was highly consistent with the objective findings and  
9 observations not only of the evaluation but with other  
10 forms of data that I reviewed in the context of the  
11 evaluation.

12 Q. What was the other data that you reviewed?

13 A. Everything that was listed in the data section of my  
14 report. So it included, for example, um, his -- the  
15 text, the collection of texts, collateral interviews with  
16 others. Um, some of the reports of news articles, claims  
17 that Mr. Rapp had made publically over time. Everything  
18 that I reviewed in coming to my opinions and conclusions  
19 is listed in the report.

20 Q. Have you reviewed any information or considered any  
21 information relating to Mr. Rapp's allegations that was  
22 not included in your report?

23 A. No.

24 Q. When did you first become aware of Mr. Rapp's  
25 allegations against Mr. Fowler?

1 Q. I think my question is a little bit different. I  
2 understand that you're not going to necessarily tell  
3 someone that they're lying.

4 Let me ask you this way. Of the thousand  
5 patients that you've seen who claim to have been sexually  
6 abused, have you ever refused to treat any of them  
7 because you found that you don't believe they're claims  
8 of being sexually abused?

9 A. No.

10 Q. By the way, Doctor, it can be a long day so let me  
11 know whenever you want to take a break.

12 Is it part of your role as a treating therapist  
13 to determine whether someone's claims of past sexual  
14 abuse are credible?

15 A. No.

16 Q. In the forensic context, it is part of your job to  
17 determine whether claims of sexual abuse are credible,  
18 correct?

19 A. My understanding is that credibility specifically is  
20 a matter for the finder of fact. So my role is to  
21 determine whether the data does or does not support their  
22 claims.

23 Q. So when did you begin doing forensic work?

24 A. Shortly after becoming licensed as a clinical  
25 psychologist.